

#### Parent Columbia Impairment Scale (Parent CIS)

- This is a measure of general impairment in various functional domains, including relations with family members at home, relations with peers, academic or occupational functioning, and involvement in general interests and activities.
- A total score of  $\geq 15$ , or an individual score of at least 3 or 4, is suggestive of some clinically significant functional impairment.

#### Parent and Teacher Vanderbilt Rating Scales

- ADHD, Predominantly inattentive subtype requires at least 6 of the inattentive items (1 through 9) being positive (count scores of 2 or 3).
- ADHD, Predominantly Hyperactive subtype requires 6 of 9 symptoms on items 10 through 18 being positive (count scores of 2 or 3).
- ADHD, Combined Subtype requires the above criteria on both inattention and hyperactivity/impulsivity.
- Any diagnosis of ADHD requires not only sufficient symptoms but also evidence of clinically significant impairment in multiple domains and sufficient chronicity.
- In parent measure, oppositional-defiant disorder is screened by having 4 of 8 behaviors on items 19 through 26 (count scores of 2 or 3 as positive), and conduct disorder is screened by having 3 of the 15 behaviors on items 27 through 40 (count scores of 2 or 3 considered positive).
- The Teacher version screens for either oppositional or conduct disorder symptoms with items 19-28.
- In the parent or teacher versions, anxiety/depression is screened by 7 items, 41-47 or items 29-35, respectively, with 3 positive items considered a positive screen (counting scores of 2 or 3 as positive).
- The teacher version also has performance items, with a score of at least 4 or 5 on any item (somewhat or markedly severe) suggesting clinically significant impairment.

#### Parent and Child Mood and Feelings Questionnaires- Short Form (MFQ)

- A score on items 1-13 (in the top box) of  $\geq 8$  is a positive screen for a depressive disorder, but would need to be considered along with the other informant's report and evidence of clinical impairment.
- Items 14-21 are used to screen for other vegetative symptoms and for safety items related to suicidality but do not need to be scored.

#### Child and Parent Modified Patient Health Questionnaire (PHQ-9)

- These are screening measures for youth at least 11, and parents of youth of all ages to complete. The first 9 items are based on the DSM-IV criteria for pediatric major depressive disorders (MDD). Scores of 2-3 for items 1-8 and a score of 1-3 on item 9 are clinically significant (items ranked in the gray sections). Patients having clinically significant scores on item 1 or 2, and has at least 5 items from 1-9 at clinically significant levels, along with impairment (item 11 rated at least "somewhat difficult") may meet DSM-IV criteria for major depression.
- Total scores can also be used to measure severity of depression over time, with relative severity judged as follows: Mild: 11-14, Moderate: 15-19, Severe: 20+.
- Item 10 screens for the one year duration criterion necessary for pediatric dysthymia.
- Items 12 and 13 screen for lifetime suicidal ideations/plans and suicide attempts.

#### Child and Parent-rated Mood Disorders Questionnaires (MDQ)

- This measure screens for a lifetime history of a manic or hypomanic episode, which is a requirement for a DSM-IV diagnosis of a bipolar I or bipolar II disorder.
- The parent-version has been validated in adolescent aged patients, while the adolescent version has not but can be useful at least to prompt and guide further interview.
- A positive screen by parent report is suggested by having at least 5 questions answered "yes" among questions 1-13, along with an answer of "yes" to question 14, AND an answer of "moderate" or "serious" to question 15.
- A positive screen as a self-report would be suggested by the same criteria above, except that more concurrent manic symptoms (at least 7) are required.

- Note that questions 16 through 18 are screening for possible psychotic symptoms, which often occur in youth with bipolar or unipolar depressive disorders. Any positively endorsed symptom here should be further explored by interview.

#### Parent and Child Anxiety Disorder Screens

- Section A contains the 5 most predictive screening items from the complete 41 item SCARED for various types of anxiety disorders in kids including panic disorder (#1), separation anxiety (#2), generalized anxiety (#3), school phobia (#4), and social phobia (#5). Note that school phobia is not actually a DSM-IV disorder but often associated with separation or other anxiety disorders.
- In Part A, a total score of 4 or greater is suggestive of a potential anxiety disorder, and can be followed up by having the child or parent complete the full 41 item SCARED questionnaires. You can also look at individual items rated 2 (very often) to see if further screening for a particular disorder is warranted.
- Section B has screening items for OCD, including compulsions (item 1 and 2) and obsessive thoughts (item 3). If the child has any of these endorsed as “yes”, then get more clinical information. A diagnosis of OCD requires obsessions or compulsions that are quite impairing or time consuming (e.g. at least an hour a day). A positive screen may warrant additional assessment with the Child Yale Brown Obsessive Compulsive Severity interview (CY-BOCS) or the Leyton OCD Questionnaire.

#### Parent and Child Traumatic Events Screening Inventories (TESI)

- This measure screens for traumatic events consistent with criterion A for post traumatic stress disorders (involving threat to one’s own or others’ physical integrity, and associated with helplessness, horror or confusion).
- Events endorsed in the third column as still “really bothering” the patient today can be followed up with further screening for PTSD symptoms using the PTSD Checklist (PCL) and by interview.
- The TESI can be used to derive a total score for each of the three columns, or items can be subdivided into Non-victimization Events (items 1-4) and Victimization events (items 5-13). The total score, a simple count of the number of events endorsed in column A, has been found highly predictive of PTSD, pediatric depression, aggressivity and suicidality.

#### Child CRAFFT Questionnaire

- This questionnaire screens for substance and alcohol use disorders in youth.
- If a patient answers “yes” to any of the first three items in Part A, then he/she should complete Part B (items 1-6). A total score in Part B of at least 1 but especially of 2 or more suggests a potential drug or alcohol use disorder.

#### Parent and Child Autism Questionnaires (AQ) Screens

- These measures screen for an autism spectrum disorder. There are two parent versions for youth 4-12 and youth 12-15, and a self-report version for patients at least 16 to complete. Items are scored a 1 for answers in either of the two right-most columns, with the exception of three items that are reverse-scored (items with ® next to them). Those reverse-scored items should be counted as a 1 when the answer is in either of two left-most columns.
- A total score of  $\geq 6$  is a positive screen and should be followed up by a more detailed developmental history and review of specific autism spectrum symptoms. The 50 item AQ measures in Tier 2 can be used to further assess patients who have positive screens.

#### SNAP Rating Scales

- This is a parent and teacher questionnaire to measure ADHD and Oppositional Defiant Disorder symptoms, and can be used to measure changes in severity of such symptoms over time.
- Items 1-9 measure inattentive symptoms, 10-18 measure hyperactive/impulsive symptoms, and 19-26 measured oppositional symptoms. Items scored at least 2 or 3 are considered clinically significant. You can use either total scores or count the number of clinically significant symptoms to assess clinical severity and treatment response over time.

#### **PTSD Checklist Parent and Self-Report Versions (PCL-PR and PCL-SR)**

- A total score  $\geq 50$  is clinically significant and suggests a possible diagnosis of PTSD
- Subscale scores may also be calculated as follows:
  - A. Re-experiencing (items 1-5)
  - B. Avoidance/numbing (items 6-12)
  - C. Hyper- arousal (items 13-17)
- A DSM-IV based diagnosis of PTSD is suggested by having exposure to a significant traumatic event (TESI), along with at least one PCL item from 1-5, three items from 6-12, and 2 items from 13-17 rated at clinically significant levels, but needs to be confirmed by interview.

#### **Reactive Attachment Disorder – Checklist**

- Developed by Cathy Hall, PhD, based on DSM-IV criteria for RAD-C.
- This measure should only be used as a screening measure in combination with a thorough history, interview, and observations.
- Sum items 1-17 for a total score. A score of 40 – 50 should be further evaluated. A score above 50 indicates a high probability of RAD based on DSM-IV criteria.
- Based upon results of a study looking at the first 17 items and with a participant group of children who had been diagnosed as RAD (all had been adopted), adopted children with no DSM diagnosis, and a control group with no DSM diagnosis, we found that a score of 40 or above was significantly more likely to be seen with children who had a diagnosis of RAD than the other two groups. Based on this, it would be advisable to further evaluate a child for the possibility of RAD with a score between 40 and 50. There were three scores for the non-RAD adopted group above 40 in our sample and three scores above 40 in the control group, but none of the children identified as RAD obtained scores below 40. Our recommendation was to look at scores falling between 40 and 50 on the scale more carefully. If the score is above 50, a high percentage of the characteristics associated with RAD were present based on our data.